



## CHILD PROTECTION

Windermere School is fully committed to safeguarding the welfare of all children and young people. It recognises that all staff have a professional duty to take such steps as are reasonable to promote safe practice and to protect children from harm, abuse and exploitation.

WS will ensure the safety and protection of all children involved in its activities through adherence to the Child Protection guidelines it has adopted.

Our policy applies to all staff, governors and volunteers working in the school. There are four main elements to our policy:

Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children.

Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.

Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.

Establishing a safe environment in which children can learn and develop.

We recognise that because of the day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the Working together to safeguard children document:

Ensure we have a designated senior person for child protection who has received appropriate training and support for this role.

Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person responsible for child protection and their role.

Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection.

Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.

Notify social services if there is an unexplained absence of more than two days of a pupil who is on the child protection register.

Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences.

Keep written records of concerns about children, even where there is no need to refer the matter immediately.

- Ensure all records are kept securely.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy that is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

### **Allegations Against Staff**

These naturally are taken very seriously if a child discloses that a member of staff has behaved in a way is abusive then this information should go straight to the Headteacher, do not report to the CPO. If the allegation is about the Headteacher then the Chair of Governors must be informed directly.

### **Training Requirements**

The CPO will have Child Protection Training at least every two years, this will normally be provided by the BSA. It is the responsibility of the CPO to arrange training for the whole staff body every three years. Please view the presentations given on RMStaff.

### **Role of the Governing Body**

The governing body will all be trained in basic child protection. They will discuss child protection annually in one of their meetings and in this meeting along with the CPO they will review procedures.

## Definition and Recognition of Child Abuse

The needs and rights of children fall into the following main categories:

- The need for physical care and protection from preventable harm
- The opportunity for physical and mental growth
- The need for love and security and the opportunity to relate positively to others
- The need for new experiences and help in relating to their environment by way of organising and mastering age appropriate levels of responsibility
- The need for intellectual development

A parent must be able to meet those needs or to help their child by ensuring they are otherwise met.

A child may be considered to be abused, or at risk of abuse, by its parents/carers when those basic needs are not being met. Careful professional and legal assessments are essential when determining when a child's needs are not being met to such an extent that it contributes to abuse.

## Categories of Child Abuse and Their Definition

- **Physical Abuse**

This is an injury to a child where there is a definite knowledge or a reasonable suspicion that the injury was inflicted or knowingly not prevented

- **Sexual Abuse**

*This is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of the family rules*

*Kempe and Kempe 1978*

*This includes for example, incest, sexual relationships with other children in one's care (adoption/step or fostering situation), and all other forms of sexual exploitation including pornography*

- **Neglect**

The persistent or severe failure to meet the needs of a child which results in the significant impairment of that child's health or development.

*This may be the exposure to danger or by repeated failure to attend to the physical and developmental needs of the child.*

- **Emotional Abuse**

The persistent or severe emotional ill treatment of a child, which has severe adverse effect on the behaviour and emotional development of the child.

*There is an element of emotional abuse in all forms of abuse. Emotional ill treatment may be coldness, hostility, constant criticism or ridicule or extreme inconsistency towards a child.*

**Note – These categories are not mutually exclusive and children may well be subject to more than one form of abuse.**

## Recognition – Signs and Symptoms

Child abuse occurs to children of both sexes and of all ages and in all cultures, religions and social classes.

All children have the right to be protected

Identification of child abuse is difficult and normally requires both social and medical assessment.

The following information on signs and symptoms is not exhaustive and it should also be remembered that abuse might be only one of many causes that could produce any one symptom.

Initially, a situation might not seem particularly serious but it is worth remembering that prompt help to a family in trouble may prevent a more serious situation developing.

### **Physical Abuse (Injury)**

Non-accidental injury to children by adults is often difficult to detect. Always remember that symptoms that are difficult to explain could be the result of inflicted injuries.

The following provides a guide to the more common non-accidental injuries.

- **Bruises**

Most injuries to children are accidental and can be explained simply, all children receive bumps and bruises as a result of normal play. Most falls or accidents produce one bruise on a single surface usually a bony surface.

Bruising in accidents is usually on the front of the body as children generally fall forwards, there may be marks on their hands where they have tried to break their fall.

Bruising may be faint or severe. Some skins show bruising very easily, others do not, bruises on black children for instance are more difficult to detect.

There may be a pattern to bruising, e.g. after the weekend

- **Unusual sites for accidental bruising**

- Back, back of legs, buttocks
- Mouth, cheeks, behind the ear
- Stomach, chest
- Under the arm
- Genital or rectal areas (care if child is learning to ride a bike)
- Neck

- **Common types of non – accidental injuries**

- Symmetrical black eyes are rarely accidental, although they may occur where there is a fracture of the head or nose. Careful consideration is required whenever there is an injury around the eye.
- Bruising in or around the mouth
- Grasp marks on arms
- Finger marks
- Symmetrical bruising (especially on ears)
- Outline bruising (belt marks, hand prints)
- Linear bruising
- Different age bruising on a child at any one time other than on common sites of accidental injury for a child of that age.

- **Bites**

These can leave clear impressions of teeth. Human bites are oval or crescent shaped. If the distance is more than 3 cm across, an adult or another child with permanent teeth must have caused them.

- **Burns**

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns with clear outlines are suspicious as are burns of uniform depth over a larger area and also splash marks above a main burn area (usually caused by hot liquid being thrown)

Remember also:

- A responsible adult checks the temperature of a bath before a young child gets in
- A child is unlikely to sit down voluntarily in a bath which is too hot and cannot accidentally scald its bottom without also scalding their feet.
- A child getting into too hot water of its own accord will struggle to get out again and therefore there will be splash marks
- Small round burns may be cigarette burns

- **Scars**

Children may have scars but notice should be taken of an exceptionally large number of scars especially when couple with different age bruising, unusual shaped scars or large scars which did not receive medical treatment.

- **Fractures**

These should be suspected if there is pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are of long bones (arms, legs, ribs). It is rare for a parent to be unaware that a child has been hurt in this way, as the pain caused will cause the child to inform someone.

Factors associated with injuries that may arouse suspicion of being non-accidental are:

- Explanation not consistent with the injury
- Changes of explanation
- Unreasonable delay in seeking medical advice
- A history of frequently repeated injury
- Constant complaints about a child
- Over-hasty or violent reaction to a child's naughty or annoying behaviour
- Unrealistic expectations of a child's performance.

## **Sexual Abuse**

It is essential that professionals in contact with children accept that children of both sexes and all ages are sexually abused.

The abuse is often kept secret by a variety of methods and may carry on for considerable periods of time before it comes to anyone's attention.

Sexual abuse often presents in a veiled way. Although some victims have genital injuries, STIs or are pregnant, most show no signs. Recognition of sexual abuse is more likely to come from a direct statement made by the child rather than suspicion signs or symptoms.

The following are a list of indicators again the lists are not exhaustive, those marked with an asterisk \* should be taken very seriously

- **Physical Signs**

- Vaginal bleeding in pre-pubescent girls\*
- Genital lacerations or bruising\*
- STIs\*
- Abnormal dilation of vagina, anus or urethra
- Pregnancy – especially in younger girls with no explanation of the father\*
- Itching, soreness or unexplained bleeding from vagina or anus
- Pain in passing urine
- Faecal soiling or retention

- **Behavioural Signs**

- Explicit or frequent sexual pre-occupation in talk and play
- Sexually provocative relationship with adults
- Hinting at sexual activity or secrets through word, play or drawing
- Excessive sexual awareness inappropriate to the child's age

- **General**

- Undue fear of adults
- Running away
- Self harm
- Suicide attempts
- Behavioural problems, withdrawal, wetting or soiling, sleep disturbance.
- Behaviour indicating a role reversal in the home e.g. daughter taking over a mothering role
- Inappropriate displays of affection between a child and adult e.g. flirtatious or seductive behaviour.

- **Behaviour especially notable in school**

- Learning problems, poor concentration, sudden drop in performance. Although it must be noted that for some sexually abused children school is a haven and they excel and are often reluctant to leave.
- Marked reluctance to partake in physical activities or to change clothes for activities
- Poor peer group relationships and an inability to make friends
- Regular avoidance and fear of medical examinations.

## **Neglect**

- **Warning signs apart from a child's obviously neglected appearance include:**

- Inappropriate clothing or lack of clothing and an unawareness from the carer that the child is inadequately dressed.
- A child who appears under fed and is frequently unwell with a permanent runny nose

- A child who is left unsupervised or with a variety of different carers
  - A child who thrives away from home
  - A child with poor language development or other developmental delays
  - A child whose parents persistently fail to seek or follow medical advice.
- **Non – Organic failure to thrive**
    - Children with poor weight gain
    - Poor growth, sparse hair, poor skin tone
    - Perverse eating habits, gorging, stealing food, enormous appetite
    - Poor sleeping patterns
    - Developmental delay
    - Solitary behaviours with poor peer group relationships
    - Attention seeking from adults

### Emotional Abuse

Emotional abuse may take the form of failure to meet a child's need for attention, affection or stimulation (even though good physical care may be provided) or there may be constant verbal abuse, rejection, scape-goating, threats of violence or attempts to frighten a child.

Conversely some carers may be so over protective and possessive they prevent normal social contact or physical activity. Both state can be difficult to document or evaluate, but there may be crippling long-term effects on a child's development.

### **Children suffering from emotional abuse may:**

- Exhibit excessively clingy or attention seeking behaviour
- Be fearful, withdrawn or emotionally "flat"
- Constantly seek to please
- Be over-ready to relate to anyone, even strangers
- Have an impaired ability for enjoyment or play
- Lack curiosity and natural exploratory behaviour
- Be retarded in language development
- Have a low self esteem and feelings of worthlessness
- Eating disturbances, growth failure or lack of body tone.

### Risk Factors

#### **All Forms of Abuse**

Certain characteristics have been found to be associated with all forms of abuse, they include:

- A history of abuse in the childhood of one or both parents
- Violent behaviour of the parents towards each other or signs of stress in the adult relationship
- Immature parents often feeling socially isolated
- Parents of low intelligence
- Parents who abuse alcohol or drugs
- Parents with significant mental health problems
- Children born prematurely or with handicaps or low birth weights
- Unwanted pregnancies or illegitimate children
- A recent pregnancy in the family
- Situations of social stress in the family

- Situations where there appears to be a lack of bonding in the family.

Compiled by	J Parry	
Approved by	I Lavendar	Revised August 09

# WS – A BRIEF GUIDE TO CHILD PROTECTION

## WHAT HAPPENS IF

- YOU SUSPECT A CHILD IS BEING ABUSED OR NEGLECTED:  
**INFORM** YOUR DESIGNATED MEMBER OF STAFF  
**RECORD AND DATE ANY FACTS**
- A CHILD DISCLOSES TO YOU ABUSE BY SOMEONE ELSE:  
ALLOW THE CHILD TO SPEAK WITHOUT  
INTERUPTIONS **DO NOT INVESTIGATE**  
PASS NO JUDGEMENT BUT ALLEVIATE ANY FEELINGS  
OF GUILT AND ISOLATION  
ADVISE THAT YOU WILL OFFER SUPPORT, BUT THAT  
YOU **MUST PASS ON THE INFORMATION**  
**INFORM** YOUR DESIGNATED MEMBER OF STAFF  
**RECORD ANY DATES AND FACTS**
- YOU RECEIVE AN ALLEGATION ABOUT A MEMBER OF STAFF:  
**IMMEDIATELY INFORM** YOUR DESIGNATED MEMBER OF  
STAFF OR HEADTEACHER  
**RECORD ANY DATES AND FACTS**  
TRY TO ENSURE NO ONE IS PLACED IN A POSITION  
WHICH COULD CAUSE FURTHER COMPROMISE

**YOU MUST REFER: YOU MUST NOT  
INVESTIGATE**

**DESIGNATED MEMBER OF STAFF:  
JO PARRY**

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